

May and Editor Rowell have sat with the inner council of the sponsors of the compulsory legislation, but also owing to the patently erroneous statement by these laymen, both on the rostrum and in print, concerning the large proportion of American citizens whom they and others claim are receiving inadequate medical care.

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By Contrast, Read a Sane Statement by an International Authority on Public Health.—By way of contrast to statements made by several of the laymen who were associated with the California Medical Economic Survey, and by others in the proponent group for compulsory health legislation who have recently been making speeches on the subject, and to close these comments, we shall quote from an address, "Signs of the Times in Public Health," by Haven Emerson, M. D., Professor of Public Health Practice of the De Lamar Institute of Public Health of Columbia University, an international and much-beloved authority on public health problems, who has made important surveys at home and abroad,[‡] and who said, in a recent New Jersey address:

... That a high quality of care has been given to the sick poor in the past is generally admitted, and is attested by adequate statistical proof of the reduction in morbidity and mortality to their present low levels among such persons.

That some people who need medical attention do not receive it will always be true, as it is today, but the reasons for this are not largely, if at all, due to the inability of these sick to pay for the cost of necessary treatment, but chiefly result from ignorance, superstition, and misinformation growing out of religious beliefs and faith in the promotion of advertised medicaments. *That anything like one-third of the sick now lack medical care*[†] or even that a larger proportion of the population are hindered from gainful employment by preventable and remediable but uncared for disease, as the peroration of the technical committee [lay committee of "technical experts, appointed by President Roosevelt's 'Interdepartmental Committee'"] would try to persuade us with statistics and emotional publicity, is just so far from the truth that it will be forgotten by the public and by the physicians of this country who know it is not so. . . .

... We must expect on the experience of other countries that if government actually operates on any compulsory insurance scheme a considerable amount of the services for the sick for people at low-income levels, the cost of medical care of these people will be largely increased, perhaps doubled by the cost of administration!

We have good reason also to suspect that the quality of care will deteriorate, and that the amount and duration of complaints of illness, and the amount of medicaments used will all markedly increase.

The present cause of lack of well-qualified medical care for those really needing it, and wanting it but not receiving it, is chiefly ignorance of available resources, and it would appear that *such sick persons are included in not more than five per cent and in various samplings less than one-half of one per cent of the total population.*[†]

It is as much the duty of the medical profession to warn the public against extravagant and utopian schemes of all inclusive commercial or governmental provision of medical care with their inevitable inferiorities as it is to assure a constantly improved standard of personal service to the sick on the basis of private economic and professional relationship! . . .

[‡] See "Who's Who in America," 1938-1939, on page 838, for the record of past services of Professor Haven Emerson.

[†] Editor's Note.—Italics our own.

Who Are the Proponents and Opponents of Compulsory Health Legislation?—Is it not permissible to state, as regards compulsory health insurance, that there are two camps?

1. *The Proponents* for such legislation, who are largely lay persons, with little inside or expert knowledge of medical practice and service, who expound theoretical plans supposedly based on the experience of peoples in other lands, but which, if logical and clear thinking be observed, are not applicable to California; and

2. *The Opponents*, the leaders of whom are the practitioners of medicine, to whom America is so greatly indebted for having the lowest morbidity and mortality rates of any civilized country[†] (the compulsory health system countries not excluded), and who, probably up to 90 per cent or more, are opposed to a compulsory health system of medical practice, their opposition being reinforced by public health experts of wide experience and international reputation, such as Haven Emerson of New York. Fortunately, also, allied with this group are the large and small business interests of the United States, through whom much of the prosperity that has made for higher standards of living has been developed.

In conclusion, it may be affirmed that if a health system were to come into existence in California such as is contemplated in the proposed law known as A. B. 2172, the people of California, in every walk of life, would rue and doubly rue the day on which they took the advice of false prophets to sell their birthright for a mess of pottage!

AUSTRALIA'S RECENT EXPERIENCE WITH A COMPULSORY HEALTH SYSTEM

Misstatement Regarding Universal Success of Compulsory Health Insurance.—Proponents of a governmental compulsory health system for California have emphasized during the last several months, and almost overstressed their statements, that compulsory health systems have been great successes wherever tried. Some brief excerpts, however, from the speech of Mr. Chester Rowell of San Francisco (Chairman of Governor Olson's Committee of Twenty-one on Health Insurance, of which committee Barbara Nachtrieb Armstrong is secretary, he and she also having held similar positions when the abortive attempt was made some two decades ago to use California as the guinea pig for a compulsory health system), may indicate why the statement above is here given. We quote from page 375 of *The Commonwealth* (Vol. XV, No. 13, for March 28, 1939), where Mr. Rowell states:

... Now, all the way from the Chinese coolie up to the highest and most developed civilized nations in the world, health insurance is in operation. . . .

... The rest of the world has abundant experience in applying health insurance to non-occupational diseases—more than fifty years in Germany, a quarter of a century in Britain and other countries. It now covers the civilized world—except for this country. . . .

[†] See in this issue, for example, the record of California for the year 1938, on page 387.

Australia's Repudiation of Its Recent System. Because of declarations such as the above, it may not be out of place to call attention to the recent experience of Australia, where propagandists for a compulsory health system were successful in securing the enactment of laws not greatly dissimilar from those now being so assiduously advocated in California by certain well-recognized interests.

Read, by variation, not the supposed laudatory commendation of the peasant class of Germany or the very low income wage-earning group in England, on the beneficent nature of compulsory health systems (as so frequently portrayed by American proponents of such legislation), but what has actually come to light in a recent real experience with compulsory health insurance among the highly progressive, up-to-date and forward-moving Australians!

The tale* of the events there, as cited below, may be of interest to Editor Rowell and his co-laborers, and not without deep significance to Californians, should their citizenry ever be so unfortunate as to embark upon a similar compulsory enterprise:

NATIONAL HEALTH INSURANCE ABANDONED†

The commonwealth government of Australia has now decided to abandon completely its scheme for national health and pensions insurance. In a determined effort to preserve the plan even if only in skeleton form, several alternative schemes less comprehensive in nature were considered, but the agreement to abandon the whole insurance act was reached today with only two members dissenting. The treasurer (Mr. R. G. Casey), who evolved the scheme and fathered it through Parliament, has now emerged as one of the strongest advocates against it. Reasons advanced for this decision are fear that the financial burden involved may be so great as to stifle the normal developmental expenditure if it is allowed to fall simultaneously with the heavy defense program to which the ministry is already committed, fear of the repercussions from the cost of insurance while the greater part of the commonwealth is suffering from the effects of severe drought and widespread bush fires, and a recognition of the fact that throughout Australia the act is highly unpopular and that its introduction against the wishes of the people may lead, ultimately, to grave political consequences.

The opposition to the scheme in the ministry itself, although strong when Parliament adjourned in December, has increased immensely since. In the past two months, members of the cabinet have moved freely in their electorates and have in many cases been astonished at the intensity of public feeling against national insurance.

The abandonment of the scheme will cost the commonwealth government at least 750,000 pounds and perhaps 1,000,000 pounds, according to estimates made by the National Insurance Commission. Large sums of money have been spent on the initial steps for its establishment, and numerous "approved societies" have incurred heavy expenditures to cope with the new responsibilities which they were prepared to undertake. Already 156 such societies have been formed in Australia, sixty by trade-unions, fifty-nine by friendly societies, and thirty-seven by miscellaneous organizations; wages contracts have been entered into with staffs, and many men have left lucrative posts to take administrative positions with the government or with approved societies. The government has not yet considered whether the whole organization which it created will be disbanded immediately or whether it will be kept to form a nucleus for the proposed national register (for defense purposes). The British Medical Association in Australia has been opposed from the start to national insurance as

proposed by the government. It is to be hoped that this abandonment of the present scheme will furnish an opportunity for drawing up at some future date a scheme more universally acceptable, to be put into practice at a time when the nation is better prepared to handle developmental measures.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 367.

EDITORIAL COMMENT†

THE PELVIC FLOOR

There is no doubt that the mooted question of what constitutes the most important natural supports has had more different answers, by more different men, than perhaps any other gynecological question. Abundant reason exists for the wide discrepancies in opinion, depending upon the investigator, whether anatomist or gynecologist. For the anatomist there exists the plain evidence of the different normal tissues which make up the pelvic walls, with little or no speculation upon the pathological state. The gynecologist, on the other hand, views first the pathological changes which may occur, whereby the basic support of the pelvic contents are either wanting or greatly insufficient. Having determined the results of these changes, he sets about to effect a restitution of the normal. This is accomplished by operation about the vagina, or entering the abdomen from above.

When we review the anatomy of the pelvic floor, with its related structures, we see why either method of attack may be necessary. We see, also, that what appears at times an incomplete operation, is met with a splendid functional and symptomatic result.

The pelvic floor may be divided into two parts—a superior and an inferior—on account of their anatomical relations. The inferior pelvic floor consists of voluntary muscles, their sheaths or fascia, some areolar tissue, blood vessels, sheaths and nerves. As this is not an anatomical paper, but rather gynecological, the anatomy is but grossly referred to.

The chief muscles of the female perineum are, of course, the levator ani and the coccygeus which, according to anatomies, support and raise the floor of the pelvis. They are chiefly swung between three important points—rami of the pubes, central raphe coccyx, and sacrum behind. These muscles lie between an important fascia which forms their sheath, and which is derived from the obturator and recto-fascia. The obturator fascia covers the inner sur-

* From the *Journal A. M. A.*, April 8, 1939, on page 1402.

† From our regular correspondent: February 14, 1939.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.